

**DEPARTMENT OF HUMAN SERVICES (DHS)
TRAUMATIC BRAIN INJURY (TBI) ADVISORY COMMITTEE
2011/2013 MEMBERSHIP APPLICATION**

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|--------------|---|---------------------------|--|
| Name: | | Work Phone: () | |
| | Address for Advisory Committee Correspondence: | Fax: () | |
| | | Home Phone: () | |
| | | E-mail Address: | |
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| Which group of interested parties would you would best represent? <i>Check One.</i> | Provider/Agencies <i>Name of organizations</i> |
| Individuals with Brain Injury | People Representing Children's Interests |
| Family Members of Individuals with Brain Injury | Federal, State, Local Government <i>Please specify:</i> |
| Acute Care/Rehab Hospitals, Post Acute Rehab & Community Services | Brain Injury Association of Minnesota |
| Professional Groups/Organizations <i>Please specify:</i> | Other <i>Please specify:</i> |

Have you previously been a DHS TBI Committee member? No Yes - Date(s):

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| Please provide a brief summary outlining your interest and experience with brain injury and in serving on the DHS Traumatic Brain Injury Advisory Committee. <i>(Attach additional information or resume if applicable.)</i> |
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Please review the attached DHS TBI Advisory Committee Operations Guide and sign below indicating your understanding of committee membership roles and responsibilities.

Email, Mail or fax to: Lois Bossert, Disability Services Division, Minnesota Department of Human Services, PO Box 64967, St. Paul, MN 55164-0967.

Phone: (651) 431-2430 Fax: (651) 431-7473 E-Mail: lois.bossert@state.mn.us

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| <i>Signature:</i> | <i>Date:</i> | <i>Revised 9/15/09</i> |
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